

# **CERTIFICATION OF THE VEHICLE OWNER'S CONSENT TO AN INSURER'S TOWING OF A MOTOR VEHICLE**

TO: \_\_\_\_\_ (“Releasor”)  
(Name of Tow Company or Person Currently in Possession of Vehicle Described Below)

An insurer must obtain consent from the owner of a motor vehicle, or the owner's authorized representative, to take possession of the vehicle from a tow-car operator. The owner's authorized representative may not be a representative, employee, or other agent of the insurer.

## **Vehicle Information**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ VIN: \_\_\_\_\_

Vehicle Owner: \_\_\_\_\_

Owner's Authorized Representative (if other than owner): \_\_\_\_\_

Insurer: \_\_\_\_\_

Insurer's Authorized Representative (if other than insurer): \_\_\_\_\_

Policy Number: \_\_\_\_\_ Claim Number: \_\_\_\_\_

STATEMENT OF CONSENT: “On behalf of the Insurer, I hereby warrant that the Insurer has obtained the explicit consent of the Vehicle Owner or the Owner's Authorized Representative to have the vehicle towed pursuant to Senate Bill 142 (2011). I warrant that the Insurer has documented such consent and shall be able to produce evidence of such documentation at the request of the Owner or the Owner's Authorized Representative. This form does not, in any manner, transfer ownership of the vehicle and does not waive any rights or prerogatives pertaining to such ownership. The vehicle owner retains all other rights, as provided under applicable Nevada law, to consent to the subsequent treatment of the vehicle within the insurer's claim-handling process.”

STATEMENT OF INDEMNIFICATION: “On behalf of the Insurer, I hereby warrant that the Insurer shall indemnify the Releasor for any liability relating to the release of the motor vehicle to the Insurer.”

AFFIRMATION OF TRUTH: “On behalf of the Insurer, I declare under penalty of perjury, and all other applicable penalties under Nevada law, that the foregoing is true and correct.”

\_\_\_\_\_  
Employee of Insurer or Insurer's Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Name of tow company taking possession of vehicle on Insurer's behalf)

\_\_\_\_\_  
(Telephone number of tow company taking possession of vehicle)

\_\_\_\_\_  
(Address of tow company taking possession of vehicle on Insurer's behalf)

No towing by the Insurer may commence until the consent of the Owner or the Owner's Authorized Representative has been obtained, and this form has been completed by an employee of the Insurer or of the Insurer's Authorized Representative.